

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/									
2		/									
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26	2										
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48											
49											
50											
TOTAL IND.	4		↓		↓		↓				
TOTAL DEP.	23		↔		↔		↔				
TOTAL CLAIMS	24										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS